



3731

PTO/SB/21 (03-03)

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/966,800	
	Filing Date	September 25, 2001	
	First Named Inventor	Kenneth FRANCO et al.	
	Art Unit	3731	
	Examiner Name	Jessica R. BAXTER	
Mail Stop	Non-Fee Amendment	Attorney Docket Number	2500-2518

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> No fee due <input checked="" type="checkbox"/> Fee Transmittal <input type="checkbox"/> Fee(s) due <input type="checkbox"/> Fee Transmittal <input type="checkbox"/> Check for \$* <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayment to Deposit Account No. 18-0580 <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement & Form(s) PTO-1449 (resubmission of 2 nd Supplemental IDS filed 5/30/02). <input checked="" type="checkbox"/> Copy(ies) of cited reference(s) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts / Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s):	<input type="checkbox"/> After Allowance Communication to a Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks: <div style="text-align: right;">RECEIVED JUL 17 2003 TECHNOLOGY CENTER R3700</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (print/type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone	(650) 330-0900
Signature				Date	July 9, 2003

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on July 9, 2003.				
Name (print/type)	Will Sayo			
Signature			Date	July 9, 2003



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FEE TRANSMITTAL for FY 2003 <small>Effective 01/01/03. Patent fees are subject to annual revision.</small>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/966,800
TOTAL AMOUNT OF PAYMENT \$0		Filing Date	September 25, 2001
		First Named Inventor	Kenneth FRANCO et al.
		Examiner Name	Jessica R. BAXTER
		Group Art Unit	3731
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																																																
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account No. 18-0580 Deposit Account Name Reed & Eberle LLP The Commissioner is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Charge any underpayment or credit any overpayments <input type="checkbox"/> Charge any additional fee(s) during the pendency of this application <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																																																																																																																																																																																																
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Louis L. Wu	Registration No. (Attorney/Agent)	44,413	Telephone	(650) 330-0900
Signature		Date	July 9, 2003		

The PTO did not receive the following listed item(s) check